## 9 FAM PART IV APPENDIX I EXHIBIT I PERIODIC REPORTS

(CT:VISA-693; 02-09-2005)

DUE DATE FORMAT AND TITLE REFERENCE **COPIES** 

REQUIRED

## MONTHLY

For posts authorized to issue immigrant visas. Prepare and dispatch to Department (CA/VO/F/I)within 5 days after close of reporting period. Immigrant Visa Workload Monthly Form OF-186 or Report 20

9 FAM Part IV Appendix I, 200 and 9 FAM Part IV Appendix I, Exhibit IV instructions on reverse of form

Original only. (Nonautomated posts) (Negative Reports required)

For posts authorized to issue immigrant visas. Must be submitted in time to reach the Department (*CA/VO/F/I*) by the first of each month.

VISAS WHALE or Report 20

9 FAM Part IV Appendix I, 300, 9 FAM Part IV Appendix I, Exhibit V and 9 FAM 42.55 N1.2

Telegram to Departme nt (Nonautomated posts) (Negative Reports are required)

## *SEMIANNUALLY*

Send by April 15 for the period October through March and by October 15 for

Semiannual Report of Visas Issued and Appendix I, Refused

9 FAM Part IV 400

Datafile and printouts (Negative Reports

the period April through September

are required)

## **ANNUALLY**

Only required when specifically requested.

Annual Report of Visa Applicants Subject to Numerical Limitations (Form FS-469 or Report 29) 9 FAM Part IV Appendix I, 307, 9 FAM Part IV Appendix I, Exhibit VI, and 9 FAM 41.55 N1.3